



STATE OF MICHIGAN
TERRI LYNN LAND, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

CUSTODIAN CONSENT

By completing and submitting the attached “*Application for Electronic Funds Transfer (EFT)*” form BFS-152, I am allowing the state of Michigan to access my account and remit \$25 of the \$40 abandoned vehicle fee for vehicles in my custody. These vehicles have been redeemed by the owner or sold at auction for costs to include the abandoned vehicle fee. I also agree to remit the remaining \$15 to the towing agency. This is in accordance with Michigan law [MCL 257.252a(7) and MCL 257.252g(2)(c)].

I understand that by submitting this form, I accept responsibility for the accuracy, authenticity and validity of all information submitted under the Abandoned Vehicle Program. Furthermore, I vouch for the identity and authority of any individual that I may designate to submit any forms or information required under the Abandoned Vehicle Program.

As required by the Secretary of State, I will submit the disposition of every abandoned vehicle in my custody by means of the designated Web site. The information submitted shall include the following:

- Electronic Funds Transfer (EFT) Number
- Custodian Identification (CID) Number
- Personal Identification Number (PIN)
- Vehicle Identification Number (VIN)
- Abandoned Vehicle Disposition

I also agree to hold the state of Michigan harmless for all use made of the information submitted through the department’s Web site, including any information required to allow an Electronic Funds Transfer (EFT) of \$25 from the designated account for each VIN marked “sold” or “redeemed.” I agree that I will notify the Secretary of State immediately in writing of any change in the information on this form. I also agree that any violation of state law or the policies or procedures of either the department or local law enforcement authorities may result in my removal from the Abandoned Vehicle Program.

Printed Name: _____
(Company Owner or Authorized Representative)

Signature: _____
(Company Owner or Authorized Representative)

Custodian Business Name		Date	
Street Address	City	State	Zip
Telephone No. () –	Contact Name (printed)		